## STATE OF HAWAII — DEPARTMENT OF TAXATION FRANCHISE TAX OR **PUBLIC SERVICE COMPANY TAX** INSTALLMENT PAYMENT VOUCHER

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Ва	sed on incon	ne for calendar tax	year 2021, or fiscal tax year 2	021	
be	ginning on _	, 20	21 and ending on	, 20	
		☐ Franchise Tax	☐ Public Service Company Tax	P	ayment Number 2
		Tax I.D. No.	Federal Employer I.D. No.	Estimated tax liability for the year	\$
YPE				Amount of this installment	\$
ORI	DBA (if any)  Mailing Address (number and street)			Amount of any unused overpayment credit to be applied	\$
PRINT OR TYPE				4. Amount of this payment. (Line 2 minus line 3.)	
		d Postal/ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MOTO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your old DUE DATES FOR MONTHLY PAYMENTS:	ONEY ORDER PAYABLE
FP1	_I 2021A 02 VID01	-MAILING AI HAWAII DEPARTMEN P. O. BOX HONOLULU, HI	1T OF TAXATION (1530 96806-1530	Payment due on or before February 10, 2022, and on or before the 10th day of the second fiscal year for fiscal year taxpayers.  **n the reverse side.**	
*				HERE — — — — — —	Form FP-
(RE	orm FP-1 EV. 2021)	P	ATE OF HAWAII — DEPARTMENT FRANCHISE TAX UBLIC SERVICE COM STALLMENT PAYMENT	OR PANY TAX	R STAPLE IN THIS SPACI
		-	year 2021, or fiscal tax year 2 21 and ending on		
ne	Check one:	Franchise Tax	Public Service Company Tax		ayment Number 1
	Hawaii	Tax I.D. No.	Federal Employer I.D. No.	Estimated tax liability for the year	
YPE	Name			Amount of this installment	
OR TYPE	DBA (if any)			Amount of any unused overpayment credit to be applied	\$

4. Amount of this payment.

year for fiscal year taxpayers.

(Line 2 minus line 3.)....

TO "HAWAII STATE TAX COLLECTOR."

**DUE DATES FOR MONTHLY PAYMENTS:** 

MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE

Payment due on or before January 10, 2022, for calendar year taxpayers and on or before the 10th day of the first month after the close of the fiscal

Write your Federal Employer I.D. Number on your check or money order.



PRINT

Mailing Address (number and street)

City, State, and Postal/ZIP Code

## -MAILING ADDRESS-HAWAII DEPARTMENT OF TAXATION

HONOLULU, HI 96806-1530

P.O. BOX 1530

See Instructions on the reverse side.

\$

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise and public service company taxes, respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6." If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755."

**Quarterly Payment Taxpayers.**—Use this form to report and pay the franchise tax in four equal installments under section 241-5, HRS, or the public service company tax in four equal installments under section 239-7, HRS.

Due to the nature of the Franchise Tax and Public Service Company Tax and how those taxes are imposed, there are no provisions in either tax law that require or allow the making of estimated tax payments for your next tax year, similar to what is required and allowed for income tax purposes. Therefore, Form FP-1 should not be used to make any such estimated tax payments.

#### **GENERAL INSTRUCTIONS**

- 1. Please provide the taxable year of the income that the tax is based on in the space provided, (i.e., calendar tax year 2021 or fiscal tax year 2021 beginning on *month 1*, 2021 and ending on *month dd*, 20*yy*).
- 2. Check, in the appropriate box, what type of taxpayer you are.
- 3. Enter the Hawaii tax identification number, federal employer identification number (FEIN), name, and mailing address.
- 4. Enter on line 1, your total estimated tax liability for the year.
- 5. If you have applied an overpayment of tax on your 2021 Hawaii tax return to your tax for 2022, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
- 6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail the voucher to the Hawaii Department of Taxation even if line 4 is zero.
- 7. Attach to the voucher a check or money order made payable to the "Hawaii State Tax Collector" in payment of the tax. Include your FEIN on the check or money order. Do not send cash through the mail.
- 8. Detach the voucher at the perforation and mail with the required payment to: HAWAII DEPARTMENT OF TAXATION

P.O. Box 1530 Honolulu, HI 96806-1530

# How to Use the Payment Voucher

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- 1. Please provide the taxable year of the income that the tax is based on in the space provided, (i.e., calendar tax year 2021, or fiscal tax year 2021 beginning on *month 1*, 2021 and ending on *month dd*, 20*yy*).
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## STATE OF HAWAII — DEPARTMENT OF TAXATION FRANCHISE TAX OR **PUBLIC SERVICE COMPANY TAX** INSTALLMENT PAYMENT VOUCHER

Based on income for ca	alendar tax year 2021, or fiscal tax yea	r 2021
heginning on	2021 and ending on	20

be	ginning on _		021 and ending on	, 20			
	Check one:	☐ Franchise Tax	☐ Public Service Company Ta	ax	Р	ayment Number	4
		Tax I.D. No.	Federal Employer I.D. No.	Estimated tax liability			_
'YPE				Amount of this installn	nent>	\$	
PRINT OR TYPE	DBA (if any)			Amount of any unused credit to be applied	d overpayment	\$	
PRIN	Mailing Addres	ss (number and street)		4. Amount of this payme (Line 2 minus line 3.).	ent>	\$	
	City, State, and	d Postal/ZIP Code		MAIL THIS VOUCHER TO "HAWAII STATE TA Write your Federal Employ DUE DATES FOR MON	AX COLLECTOR." rer I.D. Number on your ch	DNEY ORDER PAYABLE	:
		HAWAII DEPARTMEN	-MAILING ADDRESS- HAWAII DEPARTMENT OF TAXATION		Payment due on or before April 10, 2022, for calendar year taxpayers and on or before the 10th day of the fourth month after the close of the fisc year for fiscal year taxpayers.  DUE DATES FOR QUARTERLY PAYMENTS		
-P1	1_I 2021A 04 VID01	P. O. BOX 1530 HONOLULU, HI 96806-1530		Payment due on or before April 20, 2022, for calendar year taxpayers and on or before the 20th day of the fourth month following the close of the fiscal year for fiscal year taxpayers.			
		ID NO	01 See Instructions	on the reverse side.	, ,	Form FP	_1
*	: — — -		CU	ГНЕRE — — —		×	
	orm FP-1 EV. 2021)		TATE OF HAWAII — DEPARTME FRANCHISE TA	X OR	DO NOT WRITE OI	R STAPLE IN THIS SPA	CE
2	<b>022</b>		<b>UBLIC SERVICE COI</b> STALLMENT PAYMEN				
			year 2021, or fiscal tax year 021 and ending on				
	Check one:	☐ Franchise Tax	☐ Public Service Company Ta	ах	Р	avment Number	3

	Check one:	☐ Franchise Tax	☐ Public Service Company Tax	Р	ayment Number 🤅
	Hawaii Ta	ax I.D. No.	Federal Employer I.D. No.		
				Estimated tax liability for the year	\$
TYPE	Name			2. Amount of this installment	\$
T OR	DBA (if any)			Amount of any unused overpayment credit to be applied	\$
PRIN	Mailing Address	(number and street)		4. Amount of this payment. (Line 2 minus line 3.)▶	\$
	City, State, and I	Postal/ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MC TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your ch	

-MAILING ADDRESS-HAWAII DEPARTMENT OF TAXATION

P.O. BOX 1530 HONOLULU, HI 96806-1530

FP1\_I 2021A 03 VID01

See Instructions on the reverse side.

**DUE DATES FOR MONTHLY PAYMENTS:** 

Payment due on or before March 10, 2022, for calendar year taxpayers and on or before the 10th day of the third month after the close of the fiscal year for fiscal year taxpayers.

Form FP-1

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise and public service company taxes, respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

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- 5. If you have applied an overpayment of tax on your 2021 Hawaii tax return to your tax for 2022, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
- 6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail the voucher to the Hawaii Department of Taxation even if line 4 is zero.
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- 8. Detach the voucher at the perforation and mail with the required payment to: HAWAII DEPARTMENT OF TAXATION

P.O. Box 1530 Honolulu, HI 96806-1530

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- 8. Detach the voucher at the perforation and mail with the required payment to: HAWAII DEPARTMENT OF TAXATION

20**22** 

## STATE OF HAWAII — DEPARTMENT OF TAXATION FRANCHISE TAX OR **PUBLIC SERVICE COMPANY TAX**

INSTALLMENT PAYMENT VOUCHER

			year 2021, or fiscal tax year 2 021 and ending on				
	Check one:	☐ Franchise Tax	☐ Public Service Company Tax	Р	ayment Number <b>6</b>		
		Tax I.D. No.	Federal Employer I.D. No.	Estimated tax liability for the year	\$		
TYPE	Name			Amount of this installment	\$		
- OR	DBA (if any)			Amount of any unused overpayment credit to be applied	\$		
PRINT OR	Mailing Addres	ss (number and street)		4. Amount of this payment. (Line 2 minus line 3.)>	\$		
	City, State, and	d Postal/ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MO TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your cl DUE DATES FOR MONTHLY PAYMENTS:			
	iste	-MAILING A	DDRESS-	Payment due on or before June 10, 2022, for on or before the 10th day of the sixth month year for fiscal year taxpayers.			
隔		HAWAII DEPARTME		DUE DATES FOR QUARTERLY PAYMENTS			
FP1	_I 2021A 06 VID01	P. O. BO) HONOLULU, HI		Payment due on or before June 20, 2022, for and on or before the 20th day of the sixth more fiscal year for fiscal year taxpayers.			
		ID NO	Old See Instructions of	on the reverse side.			
		12 110	0.1		Form FP-1		
(RE	orm FP-1 EV. 2021)	Р	TATE OF HAWAII — DEPARTMENT FRANCHISE TAX PUBLIC SERVICE COM STALLMENT PAYMENT	COR PANY TAX	R STAPLE IN THIS SPACE		
			year 2021, or fiscal tax year 2 021 and ending on				
	Check one:	☐ Franchise Tax	☐ Public Service Company Tax		ayment Number <b>5</b>		
		Tax I.D. No.	Federal Employer I.D. No.	Estimated tax liability for the year	\$		
TYPE	Name			Amount of this installment	\$		
R	DBA (if any)			Amount of any unused overpayment credit to be applied	\$		
PRINT	Mailing Addres	g Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$		
	City, State, and	d Postal/ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MO TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your cl DUE DATES FOR MONTHLY PAYMENTS:			
▣	<b>3</b> 00 ■	-MAILING A	DDRESS-	Payment due on or before May 10, 2022, for on or before the 10th day of the fifth month after for fiscal year taxpayers.			

-MAILING ADDRESS-HAWAII DEPARTMENT OF TAXATION

> P.O. BOX 1530 HONOLULU, HI 96806-1530

FP1\_I 2021A 05 VID01

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#### DO NOT WRITE OR STAPLE IN THIS SPACE

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# FRANCHISE TAX OR PUBLIC SERVICE COMPANY TAX INSTALLMENT PAYMENT VOUCHER

20	22	-				INSTA			
_	_	_	_	_	_			 	

			year 2021, or fiscal tax year 2 021 and ending on		
	Check one:	☐ Franchise Tax	☐ Public Service Company Tax	P	Payment Number <b>{</b>
		Tax I.D. No.	Federal Employer I.D. No.	Estimated tax liability for the year	\$
ΓYPE				Amount of this installment	\$
ORI	DBA (if any)			Amount of any unused overpayment credit to be applied	\$
<b>PRINT OR TYPE</b>	Mailing Address (number and street)			4. Amount of this payment. (Line 2 minus line 3.)	\$
_		d Postal/ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MO TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your cl DUE DATES FOR MONTHLY PAYMENTS:	
		-MAILING AI HAWAII DEPARTMEN P. O. BOX HONOLULU, HI	NT OF TAXATION ( 1530	Payment due on or before August 10, 2022, and on or before the 10th day of the eighth r fiscal year for fiscal year taxpayers.	
-1	I_I 2021A 08 VID01	TD 110	See Instructions of	n the reverse side.	
		ID NO	OI THE STATE OF		Form FP-
<b>&gt;</b> <			CUT	HERE — — — — — —	*
	orm FP-1 EV. 2021)		TATE OF HAWAII — DEPARTMENT FRANCHISE TAX	OR	R STAPLE IN THIS SPACE
2	<b>022</b>		UBLIC SERVICE COM STALLMENT PAYMENT		
			year 2021, or fiscal tax year 2 021 and ending on		
	Check one:	☐ Franchise Tax	☐ Public Service Company Tax	P	Payment Number
		Tax I.D. No.	Federal Employer I.D. No.	Estimated tax liability for the year	\$

Name

DBA (if any)

Mailing Address (number and street)

City, State, and Postal/ZIP Code

OR TYPE

PRINT

## -MAILING ADDRESS-HAWAII DEPARTMENT OF TAXATION

P. O. BOX 1530 HONOLULU, HI 96806-1530

ID NO 01

on or before the 10th day of the seventh month after the close of the fiscal year for fiscal year taxpayers.

See Instructions on the reverse side.

2. Amount of this installment ......

Amount of any unused overpayment credit to be applied .....

TO "HAWAII STATE TAX COLLECTOR."

**DUE DATES FOR MONTHLY PAYMENTS:** 

(Line 2 minus line 3.)....

MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE

Payment due on or before July 10, 2022, for calendar year taxpayers and

Write your Federal Employer I.D. Number on your check or money order.

4. Amount of this payment.

\$

\$

FP1\_I 2021A 07 VID01

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- 4. Enter on line 1, your total estimated tax liability for the year.
- 5. If you have applied an overpayment of tax on your 2021 Hawaii tax return to your tax for 2022, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
- 6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail the voucher to the Hawaii Department of Taxation even if line 4 is zero.
- 7. Attach to the voucher a check or money order made payable to the "Hawaii State Tax Collector" in payment of the tax. Include your FEIN on the check or money order. Do not send cash through the mail.
- 8. Detach the voucher at the perforation and mail with the required payment to: HAWAII DEPARTMENT OF TAXATION

P.O. Box 1530 Honolulu, HI 96806-1530

# How to Use the Payment Voucher

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise and public service company taxes, respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6." If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755."

**Quarterly Payment Taxpayers.**—Use this form to report and pay the franchise tax in four equal installments under section 241-5, HRS, or the public service company tax in four equal installments under section 239-7, HRS.

Due to the nature of the Franchise Tax and Public Service Company Tax and how those taxes are imposed, there are no provisions in either tax law that require or allow the making of estimated tax payments for your next tax year, similar to what is required and allowed for income tax purposes. Therefore, Form FP-1 should not be used to make any such estimated tax payments.

- 1. Please provide the taxable year of the income that the tax is based on in the space provided, (i.e., calendar tax year 2021, or fiscal tax year 2021 beginning on *month 1*, 2021 and ending on *month dd*, 20*yy*).
- 2. Check, in the appropriate box, what type of taxpayer you are.
- 3. Enter the Hawaii tax identification number, federal employer identification number (FEIN), name, and mailing address.
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2022

# STATE OF HAWAII — DEPARTMENT OF TAXATION FRANCHISE TAX OR PUBLIC SERVICE COMPANY TAX INSTALL MENT PAYMENT VOLICHER

			year 2021, or fiscal tax year 2 121 and ending on		
	Check one:	☐ Franchise Tax	☐ Public Service Company Tax	Pa	yment Number <b>10</b>
	Hawaii	Tax I.D. No.	Federal Employer I.D. No.	1. Catimated toy liability for the year	•
ш				Estimated tax liability for the year	<b>D</b>
Z	, and			2. Amount of this installment	\$
PRINT OR TYPE	DBA (if any)			Amount of any unused overpayment credit to be applied	\$
PRIN	Mailing Addres	ss (number and street)		4. Amount of this payment. (Line 2 minus line 3.)>	\$
	City, State, and	d Postal/ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MO TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your of DUE DATES FOR MONTHLY PAYMENTS:	
٩	嬔県	-MAILING AI		Payment due on or before October 10, 2022, and on or before the 10th day of the tenth r fiscal year for fiscal year taxpayers.	
FP1	_I 2021A 10 VID01	P. O. BOX HONOLULU, HI	96806-1530		
		ID NO	01 See Instructions of	n the reverse side.	Form FP-1
×			CUT	HERE — — — — — —	×
	orm FP-1 EV. 2021)		TATE OF HAWAII — DEPARTMEN FRANCHISE TAX UBLIC SERVICE COM	COR	R STAPLE IN THIS SPACE
2	<b>022</b>		STALLMENT PAYMENT		
			year 2021, or fiscal tax year 2 21 and ending on		
	Check one:	☐ Franchise Tax	☐ Public Service Company Tax	P	ayment Number <b>9</b>
		Tax I.D. No.	Federal Employer I.D. No.	Estimated tax liability for the year	
TYPE				Amount of this installment	\$
OR O	DBA (If any)			Amount of any unused overpayment credit to be applied	\$
PRINT	Mailing Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)>	\$	
		d Postal/ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MOTO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your cl	



## -MAILING ADDRESS-HAWAII DEPARTMENT OF TAXATION

P.O. BOX 1530 HONOLULU, HI 96806-1530

FP1\_I 2021A 09 VID01

**DUE DATES FOR QUARTERLY PAYMENTS** 

of the fiscal year for fiscal year taxpayers.

Payment due on or before September 20, 2022, for calendar year taxpayers and on or before the 20th day of the ninth month following the close of the fiscal year for fiscal year taxpayers.

Payment due on or before September 10, 2022, for calendar year taxpayers and on or before the 10th day of the ninth month after the close

See Instructions on the reverse side.

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise and public service company taxes, respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

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**Quarterly Payment Taxpayers.**—Use this form to report and pay the franchise tax in four equal installments under section 241-5, HRS, or the public service company tax in four equal installments under section 239-7, HRS.

Due to the nature of the Franchise Tax and Public Service Company Tax and how those taxes are imposed, there are no provisions in either tax law that require or allow the making of estimated tax payments for your next tax year, similar to what is required and allowed for income tax purposes. Therefore, Form FP-1 should not be used to make any such estimated tax payments.

#### **GENERAL INSTRUCTIONS**

- 1. Please provide the taxable year of the income that the tax is based on in the space provided, (i.e., calendar tax year 2021 or fiscal tax year 2021 beginning on *month 1*, 2021 and ending on *month dd*, 20*yy*).
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#### DO NOT WRITE OR STAPLE IN THIS SPACE

(REV. 2021)

# STATE OF HAWAII — DEPARTMENT OF TAXATION FRANCHISE TAX OR PUBLIC SERVICE COMPANY TAX INSTALL MENT DAYMENT VOLICHER

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	11.4	OTALLIVILINI TATIVILIN	I VOOCIILIX		
Based on income for calendar tax year 2021, or fiscal tax year 2021 beginning on, 20, 20,					
Charle and	☐ Franchise Tax	_			
Check one:		☐ Public Service Company Ta	X		

	Check one: Franchise Tax	☐ Public Service Company Tax	Pay	yment Number 12
	Hawaii Tax I.D. No.	Federal Employer I.D. No.		
			Estimated tax liability for the year	\$
TYPE	Name		2. Amount of this installment	\$
OR	DBA (if any)		Amount of any unused overpayment credit to be applied	\$
<b>PRINT</b>	Mailing Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)>	\$
	City, State, and Postal/ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MC TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your ch	



### -MAILING ADDRESS-HAWAII DEPARTMENT OF TAXATION

P. O. BOX 1530 HONOLULU, HI 96806-1530

FP1\_I 2021A 12 VID01

Payment due on or before December 10, 2022, for calendar year taxpayers and on or before the 10th day of the twelfth month after the close of the fiscal year for fiscal year taxpayers.

## **DUE DATES FOR QUARTERLY PAYMENTS**

**DUE DATES FOR MONTHLY PAYMENTS:** 

close of the fiscal year for fiscal year taxpayers.

Payment due on or before November 10, 2022, for calendar year taxpayers and on or before the 10th day of the eleventh month after the

**DUE DATES FOR MONTHLY PAYMENTS:** 

Payment due on or before December 20, 2022, for calendar year taxpayers and on or before the 20th day of the twelfth month following the close of the fiscal year for fiscal year taxpayers.

ID NO 01

See Instructions on the reverse side.

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Form FP	-1
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Form FP-1

(REV. 2021)

20**22** 

STATE OF HAWAII — DEPARTMENT OF TAXATION FRANCHISE TAX OR PUBLIC SERVICE COMPANY TAX INSTALLMENT PAYMENT VOUCHER

DO NOT WRITE OR STAPLE IN THIS SPA	4CE
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Based on income for calendar tax year 2021, or fiscal tax year 2021 beginning on \_\_\_\_\_\_\_, 2021 and ending on \_\_\_\_\_\_\_, 20 \_\_\_\_\_\_\_

	Check one:	☐ Franchise Tax	☐ Public Service Company Tax	Pa	yment Number 1'
		ax I.D. No.	Federal Employer I.D. No.	Estimated tax liability for the year	\$
OR TY	Name			2. Amount of this installment	\$
	DBA (if any)			Amount of any unused overpayment credit to be applied	\$
<b>PRINT</b>	Mailing Address	(number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$
	City, State, and	Postal/ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MC TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your ch	



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P. O. BOX 1530 HONOLULU, HI 96806-1530

ID NO 01

FP1\_I 2021A 11 VID01

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